PART B - FEE(S) TRANSMITTAL

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indicated unless corrected below or directed otherwise	in Block I, by (a) specifying a new correspondence	address; and/or (b) indicating a separate "FEE ADDRESS" for
maintenance fee notifications.	3 10 1	. ,, 5 ,

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	below or directed of			a) specifying a new o	of m	naintenance fees o pondence address	will be ; and/or	mailed to the current (b) indicating a sep	should be completed when t correspondence address a arate "FEE ADDRESS" fo		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
22242 7	590 06/18	3/2008						=			
FITCH EVEN TABIN AND FLANNERY 120 SOUTH LA SALLE STREET SUITE 1600 CHICAGO, IL 60603-3406					Certificate of Mailing or Transmission I hereby certify that this Fec() Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.						
CHICAGO, IL 60	003-3400								(Depositor's name)		
									(Signature)		
					(Date)						
APPLICATION NO	FILING DATE			FIRST NAMED INVENTOR ATTORNEY DO				RNEY DOCKET NO.	CONFIRMATION NO.		
10/532,900	04/27/2005			Koji Kikushima				6700-85315	22.54		
TITLE OF INVENTION: OPTICAL SIGNAL RECEIVER, OPTICAL SIGNAL RECEIVING APPARATUS, AND OPTICAL SIGNAL TRANSMISSION SYSTEM											
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO		\$1440	\$300		\$0		\$1740	09/18/2008		
EXAMIN	ER		ART UNIT	CLASS-SUBCLASS		•					
LI, SHI	K		2613	398-161000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address for Change of Correspondence Address form PTOSB/1/2) statched. "Fee Address indication for "Fee Address" Indication form PTOSB/1/2 or more recent) attached. Use of a Customer Number is required.				(1) the names of u or agents OR, alten (2) the name of a s registered attorney 2 registered patent listed, no name wil	Fa single firm (having as a member a per or agent) and the names of up to ent attorneys or agents. If no name is will be printed.						
3. ASSIGNEE NAME AND											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recondation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE											
NIPPON TELE	GRAPH AND T	ELEP	HONE CORPO	DRATION		J	APAN				
Please check the appropriate assignee category or categories (will not be printed on the patent):											
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5. Change in Entity Status a. Applicant claims S				☐ b. Applicant is no	longe	er claiming SMAI	L ENT	TTY status. See 37 C	FR 1.27(g)(2).		
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Authorized Signature	In V.	1						er 17, 2008			
Typed or printed name _	James P. Kı	rueg	er			Registration N	o	35,234			
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